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8. AGGREGATE TOTAL OF ALL IN-STATE EVENTS

State the aggregate total amount of all employer expenditures for all in-State event(s) which was or should have been reported to the Commission pursuant to T.C.A. § 3-6-305(b)(8). Authority: T.C.A. § 3-6-303(a)(3).

Not applicable

9. TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by a witness)

I certify that the information contained in this Report is true and that it is a complete and accurate report to the best of my knowledge, information and belief.

Samuel W. Grossmann

Signature of Person Completing Report

Print Name of Person: Samuel W. Grossmann

May 18, 2007
Date

I, the undersigned, acknowledge that I have reviewed the foregoing Report and certify that is complete and accurate to the best of my knowledge, information and belief.

Samuel W. Grossmann for Frederick U. Mink MD

Signature of CEO, CFO or Authorized Representative

Print Name of Person: Samuel W. Grossmann

Date

May 18, 2007

Caroline R. Grossmann
(Printed Name of Witness)

the undersigned, do hereby witness the above signature of the CEO,
CFO or Authorized Representative, which was signed in my presence.

[Signature]

Signature of Witness

5-18-07
Date



SS-8011

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